

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number 146646		2. Page 1 of 3		3. Emergency Response Phone (505) 435-3710		4. Manifest Tracking Number <b>008037571 FLE</b>		
5. Generator's Name and Mailing Address 2549 North New York Street Wichita, KS 67219 (316) 269-7400				Generator's Site Address (if different than mailing address) SAME						
Generator's Phone:										
6. Transporter 1 Company Name <b>U.S. Bulk Transportation Inc</b>				U.S. EPA ID Number <b>PA2487347515</b>						
7. Transporter 2 Company Name				U.S. EPA ID Number						
8. Designated Facility Name and Site Address 40355 S County Road 236 Waynes, OK 73060 (580) 697-3500				U.S. EPA ID Number <b>OK0065438376</b>						
Facility's Phone:										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) <b>HAZARDOUS WASTE, SOLID, N.O.S. (F001, F002, P)</b>			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
					No.	Type				
	X	1. <b>TL# III</b>			1	DT	EST 16	Y	F001 F002 F003	F004 F005
		2.								
		3.								
	4.									
14. Special Handling Instructions and Additional Information <b>TR# 795 TL# 795</b>										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Officer's Printed/Typed Name <b>Jim Tyson</b>										
Signature <b>Jim Tyson</b>										
Month Day Year <b>2 3 15</b>										
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	Transporter signature (for exports only): _____									
	17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name <b>Paula O'Brien</b>										
Signature <b>Paula O'Brien</b>										
Month Day Year <b>2 3 15</b>										
Transporter 2 Printed/Typed Name										
Signature										
Month Day Year										
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number:									
	18b. Alternate Facility (or Generator) U.S. EPA ID Number									
	Facility's Phone:									
18c. Signature of Alternate Facility (or Generator)										
Month Day Year										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. 2. 3. 4.										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name										
Signature										
Month Day Year										

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number K00007246846	2. Page 1 of 1	3. Emergency Response Phone (800) 455-3718	4. Manifest Tracking Number <b>008037571 FLE</b>			
5. Generator's Name and Mailing Address <b>Green Harbor's Lane Mountain LLC 2549 North New York Street Wichita, KS 67219 (316) 269-7400</b>			Generator's Site Address (if different than mailing address) <b>SAME</b>					
6. Transporter 1 Company Name <b>U.S. Bulk Transportation Inc.</b>			U.S. EPA ID Number <b>PA 487347515</b>					
7. Transporter 2 Company Name			U.S. EPA ID Number					
8. Designated Facility Name and Site Address <b>Green Harbor's Lane Mountain LLC 40355 S County Road 236 Wynoka, OK 73080 (580) 697-3500</b>			U.S. EPA ID Number <b>OKD065438876</b>					
Facility's Phone:								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
				No.	Type			
	X	1. <b>HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), D PG III</b>		1	DT	EST 16	Y	F001 F002 F003 F004 F005
		2.						
		3.						
	4.							
14. Special Handling Instructions and Additional Information <b>TR# 795 TL# 795-T</b>								
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offor's Printed/Typed Name: <b>Jim Tyson</b> Signature: <i>Jim Tyson</i> Month: <b>2</b> Day: <b>5</b> Year: <b>15</b>								
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name: <b>ROBERT NEW PERSON</b> Signature: <i>Robert New Person</i> Month: <b>2</b> Day: <b>5</b> Year: <b>15</b>							
	Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____							
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____							
	Facility's Phone: _____							
	18c. Signature of Alternate Facility (or Generator) _____ Month: _____ Day: _____ Year: _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. <b>H132</b>		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name: <b>Barney Davis</b>				Signature: <i>Barney Davis</i>				Month: <b>2</b> Day: <b>5</b> Year: <b>15</b>